

16569 U.S. PTO  
040204

Docket No. 17675 (BOT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: ERIC R. FIRST	)	Examiner:
Serial No.: Pending	)	Group Art Unit:
Filed: Herewith	)	
For: THERAPY FOR MELANIN RELATED AFFLICTIONS	)	Irvine, California

19270 U.S. PTO  
10/817036

040204

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**


Mail Stop: Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter - 3 pgs.
- (x) Specification (49 pages) 15 Claims (2 pages); Abstract (1 page)
- (x) Drawings (- 1 - sheet)
- (x) Declaration/Power of Attorney
- (x) Assignment with Recordation Cover Sheet
- ( ) Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193721164US

Dated: April 2, 2004

  
Stephen Donovan  
Registration No. 33,433

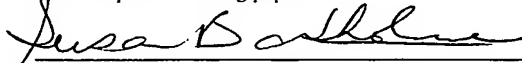
**CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10**

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **APRIL 2, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193721164US** with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: APRIL 2, 2004

Susan Bartholomew

Name of person mailing paper

  
Signature of person mailing paper

## NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **THERAPY FOR MELANIN RELATED AFFLICTIONS** by the following named inventor:

1	Full Name of Inventor	Last Name: <b>FIRST</b>	First Name: <b>ERIC</b>	Middle Name: <b>R.</b>	
	Residence and Citizenship	CITY: <b>BOSTON</b>	State or Foreign Country: <b>MASSACHUSETTS</b>	Country Of Citizenship: <b>U.S.A.</b>	
	Post Office Address	Post Office Address: <b>52 N STREET</b>	City: <b>BOSTON</b>	State or Country: <b>MASSACHUSETTS</b>	Zip Code: <b>02127-2305</b>
2	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:	
	Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
	Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 49 pages, 15 claims (2 pages) and an abstract (1 page).

Oath or Declaration

(X) Enclosed is a fully executed oath or declaration.

( ) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	15 minus 20 =	-0-	\$18.00	\$0.00
Independent Claims	5 minus 3 =	-2-	\$86.00	\$172.00
If application contains any multiple dependent claims, then add			\$290.00\$	0.00
<b>TOTAL FILING FEE</b>				<b>\$942.00</b>


- (X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.
- (X) An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.
- (X) New drawing(s) are enclosed in -1- sheet.
- ( ) A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.
- ( ) A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.
- ( ) A properly labeled computer readable form of the Sequence Listing accompanies this Application.
- (x) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.
- (x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

STEPHEN DONOVAN  
 Registration No. 33,433  
 ALLERGAN, INC.  
 2525 Dupont Drive, T2-7H  
 Irvine, CA 92612  
 Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,

Date: April 2, 2004

  
 Stephen Donovan  
 Registration No. 33,433  
 Attorney of Record